

DSHS Accountability ScoreCard

July 2001 – July 2003

*The mission of DSHS is to improve the quality of life for individuals and families in need.
We will help people achieve safe, self-sufficient, healthy and secure lives.*

Health and Safety of Washington's Children	Where We Started Baseline Measures	Where We Are Current Data - 7/03	Where We're Going 2003 Target
Goal: <i>The health of Washington's children is maintained or improved.</i>			
• Reduce deaths of infants (deaths per 1,000 births)	5.0	5.7	4.7
• Reduce the death rate for African-American and American-Indian infants (deaths per 1,000 births)	11.4	10.0	10.0
• Reduce death rate for children who use DSHS services (deaths per 100,000 children ages 1-9 who received a DSHS service)	29.2	30.9	18
• Increase number of children receiving health coverage	494,700 30.5%	570,490 35%	525,400 32%
Goal: <i>Children in DSHS care or referred to DSHS are safe from abuse and neglect.</i>			
• Quickly investigate claims of child abuse and neglect	84%	85.9%	95%
Goal: <i>DSHS services help children experience stable lives.</i>			
• Increase number of adoptions for children in DSHS care	994	1204	1,338
Economic Development and Self-Sufficiency			
Goal: <i>DSHS clients who are able to work are employed.</i>			
• Increase the number of adults leaving welfare who earn better wages	35%	33.7%	45%
• Increase percent of adults on welfare who are working, looking for work, or preparing for work	85%	74.9%	90%
Goal: <i>DSHS clients live as independently as possible.</i>			
• Increase number of low-income frail elderly and persons with disabilities who receive assistance in their own homes or home-like settings	29,229	34,405	36,405
• Increase percent of adults with developmental disabilities or mental illness who are employed	21.9%	16.8%	23%
Goal: <i>DSHS services reduce future costs to society.</i>			
• Increase number of people completing drug and alcohol treatment	54% youth 75% adult	66% youth 76.7% adult	62% youth 76% adult
Public Trust			
Goal: <i>DSHS manages its programs more effectively.</i>			
• Increase collections/recoveries of vendor overpayments	\$11.1m	\$21.9m	\$19.2m
• Increase monies recouped through estate recovery	\$8.9m	\$12.7m	\$12.7m
Goal: <i>Find and minimize fraud and error.</i>			
• Identify, recover and avoid costs due to fraud and incorrect billings	\$ 0.7m	\$ 5.1m	\$ 7.8m
Goal: <i>Information about services is clear and available.</i>			
• Increase the number of DSHS clients who report that the information they received was clear and available	76.5%	80.5%	81.2%
Goal: <i>Treat people with courtesy and respect.</i>			
• Increase the number of DSHS clients reporting that DSHS treats them with courtesy and respect	84%	86%	87.2%
• Increase percent of DSHS contractors reporting that DSHS treats them with courtesy and respect	Not Available	81%	Establish Measure

DATA SOURCES AND DEFINITIONS

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INFANT DEATH RATES (ALL AND MINORITY): "Infants" are defined as children aged birth through 1 year. Numerator is all infants who died within a given year. Denominator is all infants born within the same year. Washington State birth and mortality data are drawn from the Department of Health (DOH) Center for Health Statistics (CHS). Infant mortality is not available until the summer after the calendar year (CY) of death. Other state ranks for comparisons are drawn from Infant Mortality Rates reported to the National Center for Health Statistics (NCHS). Washington ranked third lowest in the 50 states for 1999. Baseline data is from calendar year (CY) 1999; current data is from CY 2002.

AFRICAN-AMERICAN AND AMERICAN INDIAN INFANT DEATH RATES: Same sources and definitions as above rates. The numerator and denominator include only infants with mothers of African American or American Indian race/ethnicity, who nationally and in Washington State have higher infant death rates than other groups. In 1998, Washington ranked sixth lowest among the 37 states that report minority death rates. Baseline data is from CY 1999; current data is from CY 2002. Note: All data have been changed to reflect mother's race, rather than infant's – consistent with DOH & CDC measures.

CHILD DEATH RATES IN DSHS CARE: Numerator is all DSHS clients aged one through nine who died within a given year. Denominator is all DSHS clients during a given year same age.. A DSHS client receives at least one service from DSHS during the year. Denominators were drawn from the DSHS Client Services Data Base maintained by the Research and Data Analysis (RDA) division of DSHS. Numerators were obtained by matching death data from the DOH Center for Health Statistics with the DSHS Client Services Data Base. Baseline data is from CY 1998; current data is from CY2001.

CHILD HEALTH PLAN ENROLLMENT: Numbers represent all persons from birth through age 18 enrolled in a DSHS-funded health plan. Source is Medicaid enrollment from the MAA/MMIS Eligibility File. Targets come from the Caseload Forecast Council forecasts and will be revised with new forecasts. Percent denominators are all children aged birth through 18, from the Office of Financial Management estimates. Baseline data is from fiscal year (FY) 2000; current data is from June 2003.

HIGH RISK CHILD ABUSE INVESTIGATIONS: Denominator is the count of CPS referrals received that were serious enough to require a face-to-face contact within 10 working days. Source is the DSHS Case and Management Information System (CAMIS). Numerator is hand count by region of those cases where the 10 day requirement was met. Baseline data is from Mar 2000; current data is from June 2003.

ADOPTIONS: This is a CAMIS count of children in out-of-home placement that show an episode outcome of adoption. Baseline data is from FY 2000; current data is from FY 2003. Note: Baseline changed from Calendar to Fiscal Year to report more current data.

WELFARE LEAVERS AND EARNINGS: Earnings are those recorded in the Employment Security Department's (ESD) Unemployment Insurance Wage and Earning file. Self-employed persons and those working part-time for very small firms are not likely to be included. Each client's earnings for the first quarter after leaving welfare are compared with earnings the first quarter of their second year off welfare; current data is for clients who left TANF Jan-Mar 2002.

30-DAY WORKFIRST PARTICIPATION RATE: Data are drawn from the DSHS Automated Client Eligibility System (ACES) and online case management system (eJAS) and reflect client participation in an "approved WorkFirst program activity" within 30 days of receiving their first check. Baseline data is from April 2000; current data is from May 2003. Activities that count as participation changed when the Time Limit policy was implemented in August 2002. Some activities that previously were considered "participating" are no longer counted.

LONG-TERM CARE IN COMMUNITY: These long-term care client records are drawn from the Social Service Payment System authorization files and the MMIS payments. They represent the number of persons who receive care in homes (not nursing homes or institutions) during an average month. Baseline data is from May 2000; current data is from June 2003.

MENTALLY ILL AND DEVELOPMENTALLY DISABLED EARNERS: Numerator is all current clients (ages 18-65) of the DSHS Mental Health Division (MHD) and Division of Developmental Disabilities (DDD) who, while living in the community, are also earning wages. Wages are obtained from the DDD County Human Resources Information System or the ESD Unemployment Insurance Wage and Earning file. Denominator is all current MHD and DDD clients 18-65 who live in community settings. These data are assembled in the DSHS Employment Monitoring Data Base, maintained by the DSHS RDA. Baseline data is from FY 1999; current data is from the period 4/03-6/03. Note: Baseline has been changed from 19.9 due to improved accounting methods.

CHEMICAL DEPENDENCY RESIDENTIAL TREATMENT: Data are drawn from the Treatment and Assessment Report Generation Tool (maintained by the DSHS Division of Alcohol and Substance Abuse. A "treatment completer" is defined as someone who completed the residential program as planned upon intake (as opposed to someone who left before completion). Baseline data is from FY 2000; current data is from FY 2003.

VENDOR COLLECTIONS AND ESTATE RECOVERIES: Data are drawn from DSHS Office of Financial Recovery. Vendor collection totals exclude Payment Review Program (PRP) vendor collection amounts. Baseline data is FY2000 actuals; current data is FY 2003 actuals.

FRAUD AND ERROR COST AVOIDANCE: Savings shown here result from the DSHS PRP. Savings are expected to increase as implementation of the recovery process and necessary system and policy changes are completed. They represent recoupments, recoveries and documented cost avoidance. Baseline data is from FY 2000; current data is PRP project savings for FY 2003.

CLIENT SURVEY: Washington State University's Social and Economic Studies Research Center (SESRC) assisted DSHS to design and pretest a client satisfaction survey, which is administered each year in the winter to a random sample of clients or their guardians by telephone. The report on the survey is available on the RDA-Website. Baseline data is from July 2001; current data is from draft analysis of July 2003 data.

PROVIDER SURVEY: DSHS RDA Division is administering a series of written surveys to DSHS providers. To date, surveys have been sent to all providers paid through the SSPS system, and to the majority paid through the state vendor payment system. A later survey will address medical providers paid through MMIS. Current data represents the responses of more than 7,000 providers surveyed between 6/2002 and 4/2003.

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